

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10228</u>	2. Fiscal Year Covered From <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>DAVID J. Decaire</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 911</u> Street <u>705 East Seneca Street</u> City <u>Oswego</u> State <u>New York</u> ZIP Code + 4 <u>13126</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 73 PLUMBERS & STEAMFITTERS</u> Labor Organization File Number <u>517-753</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 911</u> Street <u>705 E. SENECA ST.</u> City <u>OSWEGO,</u> State <u>NY</u> ZIP Code + 4 <u>13126</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

David J. Decaire

On

08/11/05
Date

(315) 343-4037
Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Local 73 RETIREMENT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street P.O. Box 911 - 705 E. SENECA ST. City OSWEGO State NY ZIP Code + 4 13126-0911	14.a. Nature of payment <div style="font-family: cursive; font-size: 1.2em;"> HAD TRUSTEE MEETING TO DISCUSS REAL ESTATE LOAN INVESTMENT. RECEIVED A MEAL. </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="font-family: cursive; font-size: 1.2em;"> PRO-RATA SHARE OF MEAL COST \$29.00 </div>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name LOCAL 73 RETIREMENT FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 911</p> <p>Street 705 E. SENECA ST.</p> <p>City OSWEGO,</p> <p>State NY ZIP Code + 4 13126-0911</p>	<p>14.a. Nature of payment. ATTENDED LUNCHEON FOR PROVIDING EDUCATION TO LOCAL 73 RETIREMENT FUND PENSIONEERS. TOOK PART IN THE DAY'S PROGRAM. RECEIVED LUNCH.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$33.20 PRO RATA SHARE OF LUNCH</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with <div style="margin-left: 40px;"> a. Labor Organization b. Trust c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 73 HEALTH & WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 911 Street 705 E. SENECA ST. City OSWEGO, State N.Y. ZIP Code + 4 13126-0911	14.a. Nature of payment TRUSTEES MEETING TO DISCUSS SOME RETIREMENT BUT LARGELY HEALTH & WELFARE ISSUES. MEAL PROVIDED.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. PRO-RATA SHARE OF MEAL COST \$ 31.40

<p>C. Received from any employer (other than an employer covered under parts A and B above); or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name BLITMAN & KING LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street FRANKLIN CENTER, SUITE 300</p> <p>City 443 NORTH FRANKLIN ST.</p> <p>City SYRACUSE, N.Y.</p> <p>State ZIP Code + 4 13204</p>	<p>14.a. Nature of payment</p> <p>ROUND OF GOLF FOLLOWING AN EDUCATIONAL SEMINAR UPDATING THE ATTENDEES ON ERISA RULES</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment 77.50</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City WASHINGTON</p> <p>State D.C. ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p style="font-size: 1.2em; margin-top: 20px;">PAYMENT FOR ROUND OF GOLF PRECEEDING DISCUSSIONS ON HEALTH & WELFARE FUND TOPICS.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="font-size: 1.2em; margin-top: 10px;">E. 95⁰⁰</p>